

Haw River State Park Medical Information Form (Bring with you the first morning of Camp)

Name: _____ Rising Grade: _____ School Attending: _____

Address: _____ Gender: _____ Date of Birth: _____

Parent or Guardian: _____

Address: _____

Home Phone: _____ Daytime Cell: _____ Email: _____

Additional Parent or Guardian: _____

Address: _____

Home Phone: _____ Daytime Cell: _____

Emergency Contact/Other adults with permission to pick up child:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Insurance Information

Is the participant covered by family medical/hospital insurance? _____ yes _____ no

If so, indicate carrier or plan name _____ Group # _____

Medical Information

Does the participant have any health concerns we need to be aware of past or present? _____

Is the participant taking any medications currently, we need to be aware of?

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the park should be aware.

List all Allergies:

Medication allergies (list)

Describe reaction and management of the reaction

Food allergies (list)

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

IMPORTANT

I hereby give permission for Haw River State Park to seek medical treatment for my child, in the event that I cannot be reached in an emergency. I hereby give permission to the physician selected by the park to secure and administer treatment, including hospitalization, for my child. Park staff is not allowed to administer medication.

Signature of parent or guardian _____

Printed Name _____ Date _____